



PTO/SB/21 (02-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	09/891,592	
	Filing Date	June 25, 2001	
	First Named Inventor	Starkovich, et al.	
	Art Unit	2683	
	Examiner Name	Rampuria, Sharad K.	
Total Number of Pages in This Submission	14	Attorney Docket Number	P10394

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			
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Technology Center 2600			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael A. Proksch, Reg. No. 43,021 Sr. Patent Counsel Intel Corp.
Signature	
Date	April 14, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Michael A. Proksch
Signature	
Date	4/14/2004

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FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 420)

Complete if Known

Application Number	09/891,592
Filing Date	June 25, 2001
First Named Inventor	Starkovich, et al
Examiner Name	Rampuria, Sharad K.
Art Unit	2683
Attorney Docket No.	P10394

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APR 23 2004

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number
50-0221

Deposit Account Name

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) or any underpayment of fee(s)
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1)		(\$ 0)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20** =	X	=
			-3** =	X	=

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple dependent claim, if not paid
1204	2204	86	43	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)		

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	420
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 420)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Michael A. Proksch	Registration No. (Attorney/Agent)	43,021	Telephone	503.264.3059
Signature		Date	April 14, 2004		

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